MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/541956 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3							53						
4		/		/			54						
5		/		/			55						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	⇩	2	⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.	9	⇦	21	⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS	11		23				TOTAL CLAIMS						